IMPORTANT.- In filling out both the original and duplicate, particular attention is directed to the instructions indicated by the symbol.

Form AA-11
Revised March 1938
(ORIGINAL)

IMPORTANT.—Read Instructions on Back of Duplicate Copy Before Filling in This Form

DESIGNATION OR CHANGE OF BENEFICIARY

(Social Security Account number) 705-12-2357

(Railroad Retirement Board A-No. if you have filed application)

Fill in Social Security Account Number; if you have no number, write "none".

TO THE RAILROAD RETIREMENT BOARD,
Washington, D. C.

SECTION 1. I, PAUL. EUGENE. NIXON (PRINT NAME (First) (Middle) (Last)) born on March (Month) 12th (Day) 1888 (Year) hereby designate the person or persons named below in this section to receive any death benefits payable under section 5 of the Railroad Retirement Act of 1937 and any accrued annuities due at my death under the Railroad Retirement Act of 1937 or 1935: (If more than one person is named, the benefits will be distributed in equal shares unless you indicate the percentage to be received by each.) IMPORTANT.- Section 1. must be filled in.

NAME OF BENEFICIARY (If a beneficiary be a minor, also give date of birth; if a married woman, state her full maiden name and her husband's last name)	ADDRESS	RELATIONSHIP	
Mrs Nettie Nixon	Cumberland Md	Wife	

SEC. 2. In the event no person or persons named in section 1 are living at my death, or at the time the death benefits become payable, if later than my death, I designate the following as beneficiaries in their place:

NAME	ADDRESS	RELATIONSHIP	
John J Nixon	Cumberland md	Brother	

SEC. 3. I direct that, if more than one beneficiary is named, the share of any beneficiary or beneficiaries who die before me or before the death benefits become payable, if later than my death, shall be paid in equal shares to the survivors, or entirely to the survivor if only one survives.

SEC. 4. By this designation I revoke all previous designations, if any, and I reserve the right to change or revoke any or all of the above designations at any time in the manner and form prescribed by the Railroad Retirement Board and without the knowledge or consent of the above beneficiaries.

NOTE.—No person listed above as a beneficiary may be a witness.

IMPORTANT: The signature must be witnessed by two persons, not named as beneficiaries.

(Signature) Paul Eugene Nixon
(Sign with ink or indelible pencil—do not print)

WITNESSES: We, the undersigned witnesses, hereby certify that we saw Paul E Nixon sign this designation on the 29 day of June, 1938, and he ~~(she)~~ declared it to be his (her) free act and deed.

First witness { Name Mrs David Jarvis, Address Cumberland md.

Second witness { Name David H. Jarvis, Address Cumberland md

Full name of present employer Balt & Ohio Rail Road Co
My occupation Hostler Department M. P. Division Cumberland
Location Cumberland Md

(Print or type your name and address below:)

Name PAUL. EUGENE. NIXON

Address 23 Grand ave (Number and street)
Cumberland Md (City and State)

OFFICIALLY FILED
JUL 1 1938
RAILROAD RETIREMENT BOARD

OFFICIALLY FILED
1 1938
RAILROAD RETIREMENT BOARD

Examined for form only
Claims Service

29

(Fill out both original and duplicate completely and forward without separation to the Railroad Retirement Board, Washington, D. C., through your employer, if agreeable.)

U. S. GOVERNMENT PRINTING OFFICE 1C—6936

Form AA-15
Adopted August 1938

THE RAILROAD RETIREMENT BOARD, WASHINGTON, D. C.

RECEIVED

READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM

CUMBERLAND DIVISION

M OF

JAN 11 1939

RECEIVED
MAY 6 1941
EMPLOYEE
MAIL RECEIVING
SECTION

Do not write in this space

EMPLOYEE'S STATEMENT OF COMPENSATED SERVICE RENDERED PRIOR TO JANUARY 1, 1937, TO EMPLOYERS UNDER THE RAILROAD RETIREMENT ACT OF 1937.

This statement is not an application for an annuity but will be preserved for use in connection with annuity applications based in whole or in part on service prior to January 1, 1937. Under the Railroad Retirement Act of 1937 service prior to January 1, 1937, can be credited toward an annuity only for individuals *who on August 29, 1935*, were in the active compensated service of or in an employment relation to an employer under that Act. *Only such individuals should fill out this form.* Individuals who have already provided the Board with a record of service prior to January 1, 1937, need not fill out this form.

1. Social Security Account No. 705-12-2357 DB

2. Name PAUL EUGENE NIXON (PRINT) (First) (Middle) (Last) 3. Race White

Address 23 Grand ave Cumberland, Ala Md (Street and number) (Town or city) (County) (State) 4. Sex Male (Male or female)

5. Date of birth 3 12 1888 (Month) (Day) (Year) 6. Place of birth PAW PAW MORGAN Wva (PRINT) (Town or city) (County) (State)

7. Father's JAMES EDWERD NIXON (First name) (Middle name) (Last name) Mother's MARTHA LUISE HARDY (First name) (Middle name) (Maiden last name)

Card File JAN 11 '41

8. Were you on August 29, 1935, in the active compensated service of an employer under the Act? YES (Yes or no) If not, were you on August 29, 1935: on furlough and ready and willing to serve? — (Yes or no); on leave of absence? — (Yes or no); or absent on account of sickness or disability? — (Yes or no)

3-7-41

AA-2 P

9. Statement of service prior to January 1, 1937, for all employers under the Act. (Use a separate *block* for each employer. Start with a new *line* of entries within the block only when your occupation changed, or your location changed, or when you resumed service after a break of three calendar months or more. If you need more blocks use the back of this form.)

3-5-41 S

Per. Rec.

(a) Baltimore & Ohio Rail Road Co (Name of employer under the Act) (Your pay-roll name)

3-3-41

Occupation	Date Began Month	Date Began Year	Date Ended Month	Date Ended Year	Department	Location or Division
Hostler	2	1902			M.P.	Cumberland Md

(b) (Name of employer under the Act) (Your pay-roll name)

Occupation	Date Began Month	Date Began Year	Date Ended Month	Date Ended Year	Department	Location or Division

(Additional blocks are provided on the back of this form)

16—7468

Date (Month) (Day), 19 (Year) (Signed) Paul E Nixon (Sign in ink or indelible pencil—do not print)

(c) ..... (Name of employer under the Act) ..... (Your pay-roll name)

Occupation	Date Began		Date Ended		Department	Location or Division
	Month	Year	Month	Year		

(d) ..... (Name of employer under the Act) ..... (Your pay-roll name)

Occupation	Date Began		Date Ended		Department	Location or Division
	Month	Year	Month	Year		

(e) ..... (Name of employer under the Act) ..... (Your pay-roll name)

Occupation	Date Began		Date Ended		Department	Location or Division
	Month	Year	Month	Year		

(f) ..... (Name of employer under the Act) ..... (Your pay-roll name)

Occupation	Date Began		Date Ended		Department	Location or Division
	Month	Year	Month	Year		

Remarks .....

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

-0 E

ERR 8a Dn 4-28-41

M of E 7297

SOCIAL SECURITY ACCOUNT No. 705 | 12 | 2357

Sheet No. 1 of 1 R. R. B. No.

RAILROAD RETIREMENT BOARD RECEIVED MAY 6 1941 EMPLOYER MAIL RECEIVING SECTION

RECORD OF EMPLOYEE'S PRIOR SERVICE

11

Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

Nixon	Paul	Eugene
(Last name)	(First name)	(Middle name)

23 Grand Ave	Cumberland	Allegany	Maryland
(Street and number)	(Post office)	(County)	(State)

who states that he served with the employer or its predecessor as shown in section 2 herein.

Section 2.—EMPLOYEE'S CLAIMED SERVICE

M S 3-5-41 Cumb

BALTIMORE AND OHIO RAILROAD COMPANY
(Name of employer)

Name on pay roll _____ (Last name) _____ (First name) _____ (Middle name)

	Name of Employer if Not Same as Above	Occupation	Date Began (Month, year)	Date Ended (Month, year)	Department	Location or Division
1	Same	Hostler	2-1902		M of E	Cumb
2						
3						
4						
5						
6						
7						
8						

199426

Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

_____ (City) _____ (County, parish, or other civil division) _____ (State or country)

on 3 (Month) 12 (Day) 1886 (Year), which ~~has~~ (has not) been verified, and that such date of birth was entered on records of the employer during the year of 1902 R.D. record

Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? No (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

350077

PS 284

Section 5.—PERSONNEL RECORD

Occupation	Department or Division	From— Month	From— Year	To— Month	To— Year
1					
2					
3					
4					
5					
6	See attached photostatic copy of service				
7	record on file in the Baltimore & Ohio R.R.				
8	Employment & Record Bureau, Baltimore, Md.				

Section 6.—SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X," and that records for months marked "M" are not available:

		1936	1935	1934	1933	1932	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909
Jan.		C	C	C	C	C	C	C	C	C	X	C	M	M	C	C	C	C	C	C	C
Feb.		C	C	C	C	C	C	C	C	C	C	C	M	M	C	C	C	C	C	C	C
Mar.		C	C	C	C	C	C	C	C	C	C	C	M	M	C	C	C	C	C	C	C
April		C	C	C	C	C	C	C	C	C	C	C	M	M	C	C	C	C	C	C	C
May		C	C	C	C	C	C	C	C	C	C	X	M	M	C	C	C	C	C	C	C
June		C	C	C	C	C	C	C	C	C	C	X	M	M	C	C	C	C	C	C	C
July		C	C	C	C	C	C	C	C	C	C	X	M	M	M	C	C	C	C	C	C
Aug.		C	C	C	C	C	C	C	C	C	C	X	M	M	M	C	C	C	C	C	C
Sept.		C	X	C	C	C	C	C	C	C	C	X	M	M	M	C	C	C	C	C	C
Oct.		C	C	C	C	C	C	C	C	C	C	X	M	M	M	C	C	C	C	C	X NO TIME
Nov.		C	C	C	C	C	C	C	C	C	C	X	M	M	M	C	C	C	C	C	C
Dec.		C	C	C	C	C	C	C	C	C	C	X	M	M	M	C	C	C	C	C	C
Total			11								11	4			6						11

	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889
Jan.	C	C	C	C	C	C	Z													
Feb.	C	C	C	C	C	C	M													
Mar.	C	C	C	C	C	C	M													
April	C	C	C	C	C	C	M													
May	C	C	C	C	C	C	M													
June	C	C	C	C	C	C	M													
July	C	C	C	C	C	C	M													
Aug.	C	C	C	C	C	C	M													
Sept.	C	C	C	C	C	C	C													
Oct.	C	C	C	C	C	C	C													
Nov.	C	C	C	C	C	C	C													
Dec.	C	C	C	C	C	C	C													
Total							4													

CORRECTIONS MADE BY

SPECIAL INSTRUCTIONS FOR AUGUST AND SEPTEMBER 1935.—Check pay roll for second half of August 1935; if name is **not** found on this pay roll, check pay roll for **first** half of August. Check pay roll for **first** half of September 1935; if name is **not** found on this pay roll, check pay roll for **second** half of September. Do not make an entry in more than one block for each of the two months.

NOTE.—(a) Line out spaces for all months for which entries have not been made.
(b) Only 30 service years are required for verification.

37

16—18434

Section 7.—COMPENSATION AND OCCUPATION

Employer records indicate the employee named herein earned the amounts shown in the following table in the pay roll periods indicated, that his name did not appear on the pay roll or other detailed compensation record in the periods marked "X," and that records for periods marked "M" are not available:

Name on pay roll Nixon (Last name) Paul (First name) E (Middle name)

	COMPENSATION								OCCUPATION	
	1931	1930	1929	1928	1927	1926	1925	1924	Year	Title on Pay Roll
Jan.	84.15	77.50	90.55	84.75	55.30	91.85	100.25	81.35	1931 1st	Hostler
	90.30	88.90	96.10	97.50	127.45	105.85	96.65	94.50	1931 2d	
Feb.	81.00	91.40	91.35	89.50	93.05	99.50	85.70	85.25	1931 2d	
	78.30	72.85	77.80	85.55	79.20	83.90	70.90	92.95		
Mar.	81.05	77.50	87.10	96.95	73.60	91.90	78.95	64.50	1930 1st	"
	83.80	87.65	86.45	100.65	68.15	88.15	94.70	94.45	1930 2d	
Apr.	79.50	81.60	91.05	87.50	89.90	95.60	94.00	140.00	1930 2d	
	73.85	79.50	86.60	85.05	84.80	86.05	84.30	139.95	1929 1st	
May	79.50	72.60	88.40	89.90	89.60	91.05	83.55	61.85	1929	"
	79.50	89.50	54.80	93.35	97.60	95.00	97.90	96.30	1929 2d	
June	73.85	73.85	97.55	78.55	78.55	91.40	87.50	122.50	1928 1st	
	79.50	73.85	87.30	100.90	89.50	74.05	89.45	93.60	1928	"
July	80.20	51.10	74.30	54.80	85.20	88.70	82.25	84.20	1928 2d	
	85.90	93.95	84.05	84.75	79.20	93.60	107.70	90.10		
Aug.	83.30	86.75	70.20	60.50	91.85	73.85	135.45	135.45	1927 1st	
	68.85	81.80	71.70	146.10	88.90	31.70	81.85	54.25	1927	"
Sept.	68.15	79.50	90.95	64.00	94.70	95.70	90.10	45.05	1927 2d	
	74.50	86.85	81.50	91.50	74.00	112.85	71.10	131.85		
Oct.	79.50	40.45	83.20	73.40	89.00	89.45	5.30	65.95	1926 1st	"
	74.50	93.95	101.60	96.30	90.40	93.45	153.50	95.35	1926 2d	
Nov.	74.50	77.40	85.05	78.00	99.45	83.45	101.00	86.80		
	79.50	81.05	87.75	92.25	81.80	91.85	97.15	94.45	1925 1st	"
Dec.	80.20	82.60	87.20	84.75	96.65	89.60	111.05	84.15	1925 2d	
	75.20	88.30	88.90	85.80	91.85	104.55	103.00	92.90		
Total	1888.60	1910.46	2041.45	2102.30	2089.70	2143.05	2202.10	2227.70	1924 1st	"
	✓	✓	✓	✓	✓	✓	✓	✓	1924 2d	

NOTES.—(a) Line out spaces for all months for which entries have not been made. Corrections by EDL EDL
(b) Enter occupation for the first pay-roll period in each half year on which the employee's name is found.

Section 8.—COMPUTATIONS

(For use of Railroad Retirement Board only)

	Number of Months	Net compensation
1-1-24 to 12-31-31	96	$
Other service prior to 1-1-37		

C 375 M A

Computer Reviewer

371 HP

Section 9.—ADDITIONAL INFORMATION

1 excessive earnings) - vice Foreman

2 Sec. 6-7 Information from payroll and income tax records B M Graham 5-1-41

3

Original payrolls destroyed for months
4 in which symbol "M" appears.

5

6

7

8

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15

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18

19

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Section 10.—CERTIFICATION

All information or data reported on this form in sections 3, 4, 5, 6, 7, and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations, or erasures appear in this report except as noted above under "*Additional information*," or as initialed by me.

W G Bell
(Signature)

Date MAY 2 1941

CHIEF ASST.-PRIOR SERVICE RECORD BUREAU
(Title)

NOTE.—The official concerned shall date and sign as to the correctness of all entries.

Section 11.—EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (*b*) (part). "* * * The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts * * *."

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (*b*) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than $10,000 or by imprisonment not exceeding 1 year."

U. S. GOVERNMENT PRINTING OFFICE 16—18434

R
BMG 5-1-41

Form 1520 B.

UNITED STATES RAILROAD ADMINISTRATION

DIRECTOR GENERAL OF RAILROADS.

BALTIMORE AND OHIO RAILROAD.

Name Nixon, Paul E. Employed as Eng. Cleaner Division Cumberland

Born, Date 3-12-86 Place R. D. Certif. No. 199426

705-12-2357

File Number 134807

Date	Occupation	Division	EXAMINED OPERATING (Mechanical M, Air A, Transportation T)	EXAMINED PHYSICAL (Sight S, Hearing H, Color C)	Rates of Pay	Left Service Cause	Remarks
9-18-02	Eng. Cleaner	Cumberland	M.P.	Cumberland	13.20		
5- 1-04	Hostler	"	" "		42.90		
10- 1-09						Resigned	
1-22-10	"	"	" "		.17		
4- 1-10	"	"	" "		.18		
1- 1-12	"	"	" "		.19		
4- 1-13	"	"	" "		.20		
6- 1-13	"	"	" "		.24		
6- 1-18	"	"	" "		.425	Retroactive 1/1/18	
9- 1-18	Rd. Hostler	"	" "		.58		
4- 1-19	" "	"	" "		.60		
5-23-19	"	"	" "		.52		
8- 1-20	"	"	" "		.70		
7- 1-21	"	"	" "		.496		28-A.
3-16-24	"	"	"	Cumberland	5.28		R 3229-B
2- 1-27	"	"	"	" R.H.	5.68		R 3234 A
3-16-34	Inside Hostler	"	"	Cumb.C.S.	5.68		R 3241-B From RH
4-19-34						Furl'd	R 3242-A Rl-Spl
4-23-34	" "	"	" #669	" R.H.	5.68		R 3239-B Rsmd.
1-1-35 LESS 5% OF EARNINGS							
1-1-35 DEDUCTIONS FROM WAGES DISCONTINUED							
10- 1-37	" "	"	" "	" "	6.12 & 6.80		Med.Agr.Eff. 10-1-37 R3212A10/37

20m. 3-27-41.

Name Paul E Nixon Born, Date 3-12-1886 21x32—29c 359080 R. D. Certificate No. 199426 PS 28 Form 727-AA Spl.

Social Security No. 705-12-2357

Date.	Occupation.	Sta. Dept. Div.	Examined Mechanical M Air A Transportation T	Rates of Pay	Cause Left Service.	Employment Number. / Remarks.
4-25-18	Hostler	Cumb MP Cumb		80	Furl	Military Duty
2-16-19	"	" " "		5.69	Resumed	

CORRECT:
W G Bull
CHIEF ASST. PRIOR SERVICE RECORD BUREAU

4m. 12-6-40.

Name Nixon Paul E. Born, Date 3-12-86 21x32—29 359079 R. D. Certificate No. 199426 PS 28 Form 727-AA

Social Security No. 705-12-2357

Date.	Occupation.	Sta. Dept. Div.	Examined Mechanical M Air A Transportation T	Rates of Pay	Cause Left Service.	Employment Number. / Remarks.
9-18-07	Eng. Cleaner	M.P. Cum.				
5-1-04	Hostler	" "				
9-1-18	Rd. Hostler	" "				
3-16-34	Inside "	" "				

CORRECT:
W G Bull
CHIEF ASST. PRIOR SERVICE RECORD BUREAU

The above information is from the Relief Dept. & Personnel records

359081 PS 284

FORM NO. ERR-8a
(1-1)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

(2)

EMPLOYMENT RELATION QUESTIONNAIRE
(SHORT FORM)

CLAIM NO.

SOCIAL SECURITY ACCOUNT NUMBER: 705 12 2357

NAME OF EMPLOYER: BALTIMORE AND OHIO RAILROAD COMPANY

NAME OF INDIVIDUAL	LAST OCCUPATION
Paul E. Nixon	Hostler
DEPARTMENT	**DIVISION OR LOCATION**
M of E	Cumberland Div

1. ON AUGUST 29, 1935 THE INDIVIDUAL IDENTIFIED ABOVE WAS RECORDED AS:

a. ON FURLOUGH ☐
b. ON LEAVE OF ABSENCE ☐
c. ABSENT ON ACCOUNT OF SICKNESS OR DISABILITY ☒
d. ABSENT FROM OTHER CAUSE AS EXPLAINED UNDER "REMARKS" ☐

2.

	DATE	OCCUPATION	LOCATION
a. LAST ACTIVE COMPENSATED SERVICE BEFORE AUGUST 29, 1935	8-21-35	Hostler	Cumberland
b. FIRST ACTIVE COMPENSATED SERVICE AFTER AUGUST 29, 1935	10-22-35	Hostler	Cumberland

3. a. WAS THE INDIVIDUAL'S NAME ON A SENIORITY ROSTER ON AUGUST 29, 1935? YES ☒ NO ☐
b. IF ANSWER IS "YES", THE ROSTER WAS IDENTIFIED AS Hostlers DATED 1-1-35
c. IF ANSWER IS "NO", THE REASON WAS _____

4. a. IF ON FURLOUGH, WAS THE INDIVIDUAL READY AND WILLING, ON AUGUST 29, 1935, TO RETURN TO SERVICE? YES ☐ NO ☐
b. IS ITEM 4a STATEMENT BASED ON OBSERVATION OF IMMEDIATE SUPERVISOR? YES ☐ NO ☐ ; MEDICAL REPORT? YES ☐ NO ☐
OTHER ☐ (SPECIFY)

5. THE DOCUMENT ON FILE WITH THE BOARD, AND THE RULE OR PRACTICE WHICH OPERATED TO RESTORE THE INDIVIDUAL TO COMPENSATED SERVICE, ARE IDENTIFIED AS FOLLOWS:

B&O Practice Summary #1

REMARKS:

DATE	SIGNATURE	OFFICIAL TITLE
5-2-41	W G Bell	CHIEF ASST.-PRIOR SERVICE RECORD BUREAU

NOTICE TO EMPLOYER: PLEASE USE THIS FORM IN LIEU OF FORM NO. ERR-8 WHEN THE INDIVIDUAL WAS ABSENT ON AUGUST 29, 1935 UNDER THE FOLLOWING CIRCUMSTANCES:

1. THE PERIOD OF ABSENCE WAS NOT MORE THAN SIX CONSECUTIVE MONTHS INCLUDING AUGUST 1935, AND
2. AT THE END OF THE ABSENCE THE INDIVIDUAL RETURNED TO THE SAME OCCUPATION AND WITH IDENTICAL SENIORITY RIGHTS, IF ANY, AND
3. THE RETURN TO SERVICE WAS IN ACCORDANCE WITH AN ESTABLISHED RULE OR PRACTICE IN EFFECT ON AUGUST 29, 1935.

Form ERR-9

Findings of Fact and Conclusions of Law with

Respect to the Existence of an Employment Relation between

applicant, Paul Eugene Nixon, A-705-12-2357
(name)

and

The Baltimore and Ohio Railroad Company
(name of Employer)

on
August 29, 1935.

I have examined with care the statement of facts on Form ERR-8 and have compared those statements with all the other relevant data, if any, in the file and find them to be correct according to the weight of the available evidence. Such statement hereby constitutes my findings of fact with respect to the claim of the applicant to an employment relation, within the meaning of the

Railroad Retirement Act of 1937, on ~~and/or after~~ August 29, 1935.
(strike out inapplicable words)

Based on these findings of fact, I conclude that the applicant had an employment relation within the meaning of the Railroad Retirement Act of 1937, on ~~and/or after~~ August 29, 1935.

Summary No. 4, dated Dec. 10, 1940

JUL 21 1941
(Date)

J W Martin
Adjudicator

JUL 21 1941
(Date)

Thos. A. McDaniel
~~Reviewer~~

FORM NO. G-379
(6-0)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

ANNUITY CLAIM AWARD

DETERMINATION OF STATUS ON AUGUST 29, 1935

CLAIM NO. A-705-12-2357

DATE JUL 21 1947

Paul Eugene Nixon

THE ABOVE NAMED PERSON WAS ON 8/29/35:	CODE	CHECK ONE
IN ACTIVE SERVICE	0	
ON FURLOUGH	1	
ON LEAVE OF ABSENCE - SICK LEAVE	2	
ON LEAVE OF ABSENCE - OTHER LEAVE	3	
ABSENT BECAUSE OF SICKNESS OR DISABILITY	4	X
QUALIFIED UNDER 1935 ACT ON BASIS OF SERVICE AFTER 8/29/35	5	
REINSTATED AFTER 8/29/35	6	
NEITHER IN ACTIVE SERVICE NOR EMPLOYMENT RELATION - AWARD BASED ONLY ON SUBSEQUENT SERVICE	7	

REMARKS

Thos. A. McFarland
REVIEWER

8-101

FORM NO. T-120
(3-56)

DISABILITY FREEZE WORK SHEET

CLAIM NO. A-333473

DATE LAST WORKED BEFORE THE ANNUITY BEGINNING DATE: 1-17-47	S.S.A. NO. 705-12-2357
ANNUITY BEGINNING DATE: 3-27-47	NAME: Paul E. Nixon
FILING DATE IF AFTER 1954:	BIRTH DATE: 3-12-88

REFERRED TO BW&SR

- [ ] FURNISH COMPLETE G-175
- [ ] FURNISH PARTIAL G-175
- [ ] "SS" NOTATION
- [ ] FURNISH QUARTERLY BREAKDOWN OF SSA WAGES AFTER _____
- [ ]

[ ] "SS" [ ] NO "SS"

DATE _____

BY _____

(IF "SS," FURNISH QUARTERLY BREAKDOWN OF SSA WAGES AFTER _____)

CASE DISQUALIFIED

- [ ] DISABILITY BEGAN LESS THAN 6 MONTHS BEFORE AGE 65
- [ ] ANNUITANT FAILS TO MEET 6/20 TEST
- [ ]

REFERRED TO RATING BOARD

- [x] 6/20 REQUIREMENT MET AS OF DLW
- [ ] 6/20 REQUIREMENT MET AS OF _____
- [ ] SPORADIC EMPLOYMENT BEFORE DLW
- [ ] EMPLOYMENT AFTER DLW
- [ ]

NOTE: "DLW" IS THE DATE LAST WORKED BEFORE THE ANNUITY BEGINNING DATE

MONTHS IN WHICH EMPLOYED

YEAR	J	F	M	A	M	J	J	A	S	O	N	D
1942												
1943												
1944												
1945												
1946												
1947												
1948												
1949												
1950												
1951												
1952												
1953												
1954												
1955												
1956												

[ ] PERIOD OF DISABILITY BEGINS AS OF A QUARTER OTHER THAN THE QUARTER IN WHICH THE 6/20 REQUIREMENT IS SHOWN TO HAVE BEEN MET.

THE DATE OF ONSET OF TOTAL AND PERMANENT DISABILITY IS _____

SSB Chicago

MAY 27 1947

FORM APPROVED
BUDGET BUREAU NO. 70-R047.1

FORM NO. G-88
(10-6)

CLAIM NO. (IF ASSIGNED)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYEE'S CERTIFICATE OF TERMINATION OF SERVICE AND RELINQUISHMENT OF RIGHTS

SOCIAL SECURITY ACCOUNT NO. 705-12-2357

THIS SIDE TO BE COMPLETED BY THE EMPLOYEE

IMPORTANT: IF YOU ARE A MALE UNDER AGE 65 OR A FEMALE UNDER AGE 60 AND ARE CLAIMING AN ANNUITY BASED ON DISABILITY DO NOT COMPLETE ITEMS 4 AND 5(e) AS IT IS NOT NECESSARY FOR YOU TO RELINQUISH RIGHTS TO RETURN TO SERVICE.

1. NAME: Paul Eugene Nixon

2. ADDRESS: 23 Grand Ave.
Cumberland, Md

3. I CERTIFY THAT I AM NOT NOW IN THE SERVICE OF AN EMPLOYER* (FOR DEFINITION OF EMPLOYER SEE LOWER LEFT CORNER) AND THAT I LAST WORKED FOR AN EMPLOYER* FOR COMPENSATION ON
JAN. (MONTH) 1 (DAY) 1947 (YEAR)

~~4. I RELINQUISHED ALL RIGHTS TO RETURN TO EMPLOYER* SERVICE ON~~
~~MONTH ____ DAY ____ YEAR ____~~

5(a) HAVE YOU BEEN EMPLOYED BY ANY PERSON, INSTITUTION OR COMPANY SINCE LEAVING THE SERVICE OF AN EMPLOYER*?
YES ☐ NO ☑
IF YOUR ANSWER IS "YES", FILL OUT THE SPACES BELOW.

5(b) NAME OF SUCH PERSON, INSTITUTION OR COMPANY

STREET AND NUMBER

CITY OR TOWN | STATE

5(c) DATE I BEGAN WORK FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH ____ DAY ____ YEAR ____

5(d) DATE I LAST WORKED FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH ____ DAY ____ YEAR ____

~~5(e) I HAVE NOTIFIED THIS PERSON, INSTITUTION OR COMPANY OF MY RELINQUISHMENT OF ALL RIGHTS TO RETURN TO SUCH EMPLOYMENT, TO BE EFFECTIVE ON THE FOLLOWING DATE~~
~~MONTH ____ DAY ____ YEAR ____~~
~~NOTE: THE BOARD WILL IN ALL CASES OBTAIN A CONFIRMATION OF THE ABOVE STATEMENT~~

NOTE: THE ACT PROVIDES THAT NO ANNUITY SHALL BE PAID WITH RESPECT TO ANY MONTH IN WHICH AN INDIVIDUAL IN RECEIPT OF AN ANNUITY SHALL RENDER COMPENSATED SERVICE TO AN EMPLOYER* OR TO THE LAST PERSON BY WHOM HE WAS EMPLOYED PRIOR TO THE DATE ON WHICH THE ANNUITY BEGAN TO ACCRUE. INDIVIDUALS RECEIVING ANNUITIES SHALL REPORT TO THE BOARD IMMEDIATELY ALL SUCH COMPENSATED SERVICE.

SHOULD I RETURN TO THE SERVICE OF ANY EMPLOYER*, OR OF THE PERSON, INSTITUTION, OR COMPANY NAMED ABOVE, IF ANY, I WILL PROMPTLY NOTIFY THE RAILROAD RETIREMENT BOARD.

NOTE: SIGN IN INK OR INDELIBLE PENCIL. IF SIGNATURE IS BY MARK IT MUST BE WITNESSED BY TWO PERSONS EACH OF WHOM MUST SIGN HIS NAME IN FULL AND GIVE HIS COMPLETE ADDRESS UNDER "REMARKS" BELOW.

SIGNATURE OF APPLICANT: Paul E Nixon

DATE SIGNED: May 27, 1947

REMARKS: ORIGINAL FORM G-88 SENT TO LAST EMPLOYER - BALTIMORE DISTRICT OFFICE

* DEFINITION OF EMPLOYER

THE TERM "EMPLOYER" MEANS AN EMPLOYER AS DEFINED IN SECTION 1 OF THE ACT OF JUNE 24, 1937, AND INCLUDES EXPRESS COMPANIES, SLEEPING CAR COMPANIES, AND CARRIERS BY RAILROAD SUBJECT TO PART I OF THE INTERSTATE COMMERCE ACT. ALSO LABOR ORGANIZATIONS, NATIONAL IN SCOPE, ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE RAILWAY LABOR ACT, AS AMENDED, AND CERTAIN OTHER COMPANIES, SUCH AS TRAFFIC ASSOCIATIONS, WEIGHING AND INSPECTION BUREAUS, ETC., CONTROLLED BY TWO OR MORE EMPLOYERS AND PERFORMING A SERVICE IN CONNECTION WITH RAILROAD TRANSPORTATION.

PENALTIES

SEC. 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE ACT OF 1935, READS IN PART "ANY . INDIVIDUAL . . . WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT . . . FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

FORM APPROVED
BUDGET BUREAU NO. 70-R047.1

FORM NO. G-88a
(10-6)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYER'S SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION

CLAIM NO. (IF ASSIGNED)

SOCIAL SECURITY ACCOUNT NO.

THIS SIDE TO BE COMPLETED BY THE EMPLOYER

QUARTERLY REPORTERS – REPORT THE LAST TWO COMPLETED CALENDAR QUARTERS AND THE CURRENT QUARTER THROUGH DATE OF LAST COMPENSATED SERVICE.

ANNUAL REPORTERS – IF PREPARED BEFORE JUNE 1, REPORT THE LAST COMPLETED CALENDAR YEAR AND THE CURRENT CALENDAR YEAR THROUGH DATE OF LAST COMPENSATED SERVICE.
IF PREPARED AFTER MAY 31, REPORT ONLY THE CURRENT CALENDAR YEAR THROUGH DATE OF LAST COMPENSATED SERVICE.

ALLOWANCES & ADJUSTMENTS – REPORT ANY ALLOWANCES OR ADJUSTMENTS PAID AFTER DATE OF LAST SERVICE IN SECTION IV.

RECEIVED JUN 2 1967 Railroad Retirement Board Communications Section

SECTION I — EMPLOYER

SECTION II — EMPLOYEE IDENTIFICATION

NAME	DATE LAST WORKED	OCCUPATION
		LOCATION
PAYROLL NAME	DATE RIGHTS RELINQUISHED	DIVISION
		DEPARTMENT

SECTION III — COMPENSATION

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL

SECTION IV — ALLOWANCE OR ADJUSTMENT NOT INCLUDED IN SEC. III

PERIOD COVERED FROM	TO	AMOUNT	REASON FOR PAYMENT

REMARKS

SECTION V — CERTIFICATION

CERTIFICATION BY EMPLOYEE'S SUPERVISOR OR BY NATIONAL REPORTING OFFICER OF LABOR ORGANIZATION

SUPERVISOR OF EMPLOYEE: THE ENTRIES IN SECTION II OF THIS REPORT ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NATIONAL REPORTING OFFICER: THIS REPORT IS RENDERED BY THE PROPER LOCAL LODGE OFFICER.

SIGNATURE _____

TITLE _____

DATE _____

CERTIFICATION BY RETIREMENT CONTACT OFFICIAL OR BY LOCAL LODGE OFFICER OF LABOR ORGANIZATION

THE INFORMATION FURNISHED IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE COMPENSATION SHOWN HEREIN, TOGETHER WITH ANY COMPENSATION PREVIOUSLY REPORTED, DOES NOT EXCEED $300 FOR ANY CALENDAR MONTH.

SIGNATURE _____

TITLE _____

DATE _____ *UNIT _____

* IF THIS REPORT IS BY A LOCAL LODGE OFFICER OF A LABOR ORGANIZATION, IDENTIFICATION OF LOCAL LODGE UNIT SHOULD BE FURNISHED.

NOTE: SHOULD THIS EMPLOYEE RETURN TO COMPENSATED SERVICE THE BOARD SHOULD BE NOTIFIED IMMEDIATELY.

MAY 27 1947

FORM APPROVED
BUDGET BUREAU NO. 70-R047.1

FORM NO. G-88
(10-6)

CLAIM NO. (IF ASSIGNED)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYEE'S CERTIFICATE OF TERMINATION OF SERVICE AND RELINQUISHMENT OF RIGHTS

SOCIAL SECURITY ACCOUNT NO. 705-12-2357

THIS SIDE TO BE COMPLETED BY THE EMPLOYEE

IMPORTANT: IF YOU ARE A MALE UNDER AGE 65 OR A FEMALE UNDER AGE 60 AND ARE CLAIMING AN ANNUITY BASED ON DISABILITY DO NOT COMPLETE ITEMS 4 AND 5(e) AS IT IS NOT NECESSARY FOR YOU TO RELINQUISH RIGHTS TO RETURN TO SERVICE.

RECEIVED JUN 9 1947 Railroad Retirement Board

1. NAME: Paul Eugene Nixon

2. ADDRESS: 23 Grand Av., Cumberland, Md

3. I CERTIFY THAT I AM NOT NOW IN THE SERVICE OF AN EMPLOYER* (FOR DEFINITION OF EMPLOYER SEE LOWER LEFT CORNER) AND THAT I LAST WORKED FOR AN EMPLOYER* FOR COMPENSATION ON JAN. (MONTH) 17 (DAY) 1947 (YEAR)

4. ~~I RELINQUISHED ALL RIGHTS TO RETURN TO EMPLOYER* SERVICE ON~~ Disabled (MONTH) (DAY) (YEAR)

5(a) HAVE YOU BEEN EMPLOYED BY ANY PERSON, INSTITUTION OR COMPANY SINCE LEAVING THE SERVICE OF AN EMPLOYER*? YES ☐ NO ☑
IF YOUR ANSWER IS "YES", FILL OUT THE SPACES BELOW.

5(b) NAME OF SUCH PERSON, INSTITUTION OR COMPANY

STREET AND NUMBER

CITY OR TOWN | STATE

5(c) DATE I BEGAN WORK FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH ____ DAY ____ YEAR ____

5(d) DATE I LAST WORKED FOR SUCH PERSON, INSTITUTION OR COMPANY
MONTH ____ DAY ____ YEAR ____

~~5(e) I HAVE NOTIFIED THIS PERSON, INSTITUTION OR COMPANY OF MY RELINQUISHMENT OF ALL RIGHTS TO RETURN TO SUCH EMPLOYMENT, TO BE EFFECTIVE ON THE FOLLOWING DATE~~
~~MONTH ____ DAY ____ YEAR ____~~
~~NOTE: THE BOARD WILL IN ALL CASES OBTAIN A CONFIRMATION OF THE ABOVE STATEMENT.~~

NOTE: THE ACT PROVIDES THAT NO ANNUITY SHALL BE PAID WITH RESPECT TO ANY MONTH IN WHICH AN INDIVIDUAL IN RECEIPT OF AN ANNUITY SHALL RENDER COMPENSATED SERVICE TO AN EMPLOYER* OR TO THE LAST PERSON BY WHOM HE WAS EMPLOYED PRIOR TO THE DATE ON WHICH THE ANNUITY BEGAN TO ACCRUE. INDIVIDUALS RECEIVING ANNUITIES SHALL REPORT TO THE BOARD IMMEDIATELY ALL SUCH COMPENSATED SERVICE.

SHOULD I RETURN TO THE SERVICE OF ANY EMPLOYER*, OR OF THE PERSON, INSTITUTION, OR COMPANY NAMED ABOVE, IF ANY, I WILL PROMPTLY NOTIFY THE RAILROAD RETIREMENT BOARD

NOTE: SIGN IN INK OR INDELIBLE PENCIL. IF SIGNATURE IS BY MARK IT MUST BE WITNESSED BY TWO PERSONS EACH OF WHOM MUST SIGN HIS NAME IN FULL AND GIVE HIS COMPLETE ADDRESS UNDER "REMARKS" BELOW.

SIGNATURE OF APPLICANT: Paul E Nixon

DATE SIGNED: May 27, 1947

REMARKS

* DEFINITION OF EMPLOYER

THE TERM "EMPLOYER" MEANS AN EMPLOYER AS DEFINED IN SECTION 1 OF THE ACT OF JUNE 24, 1937, AND INCLUDES EXPRESS COMPANIES, SLEEPING CAR COMPANIES, AND CARRIERS BY RAILROAD SUBJECT TO PART I OF THE INTERSTATE COMMERCE ACT. ALSO LABOR ORGANIZATIONS, NATIONAL IN SCOPE, ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE RAILWAY LABOR ACT, AS AMENDED, AND CERTAIN OTHER COMPANIES, SUCH AS TRAFFIC ASSOCIATIONS, WEIGHING AND INSPECTION BUREAUS, ETC., CONTROLLED BY TWO OR MORE EMPLOYERS AND PERFORMING A SERVICE IN CONNECTION WITH RAILROAD TRANSPORTATION.

PENALTIES

SEC. 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE ACT OF 1935, READS IN PART "ANY . . . INDIVIDUAL . . . WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT . . . FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

FORM APPROVED
BUDGET BUREAU NO. 70-R001.1

FORM NO. AA-1
(11-6)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION FOR EMPLOYEE ANNUITY UNDER THE RAILROAD RETIREMENT ACT

(DO NOT WRITE IN THESE SPACES)
A333473

OFFICIALLY FILED
MAY 27 1947
Clement R. Gill
FIELD REP. N.

ALL ITEMS ON THIS FORM MUST BE ANSWERED. THE COMPLETED FORM IS TO BE RETURNED TO THE RAILROAD RETIREMENT BOARD, 844 RUSH STREET, CHICAGO 11, ILLINOIS

1. Social Security Account No. 70V-12-2357

2. Name *(PRINT)* PAUL (FIRST) EUGENE (MIDDLE) NIXON (LAST) 3. Race WHITE
If married woman, give maiden name _____ 4. Sex MALE (MALE OR FEMALE)

5. Date of birth MARCH (MONTH) 12 (DAY) 1888 (YEAR) 6. Place of birth *(PRINT)* PAW-PAW (TOWN OR CITY) MORGAN (COUNTY) W. Va. (STATE)

7. Father's JAMES (FIRST NAME) EDWARD (MIDDLE NAME) NIXON (LAST NAME)
Mother's MARTHA (FIRST NAME) (UNKNOWN) (MIDDLE NAME) HARDY (MAIDEN LAST NAME)

8. Are you now single, married, divorced, or widowed? MARRIED (STATE WHICH) If now married give wife's NETTIE (FIRST NAME) NONE (MIDDLE NAME) BARINGER (MAIDEN LAST NAME)

9. Are you applying for an annuity to begin before age 65? YES (a) If so, are you totally and permanently disabled for regular employment for hire? YES, or are you disabled for work in your regular occupation? _____; (b) what is your principal disabling condition? NERVES; (c) what was your regular occupation in employer service during the last 5 years? HOSTLER; (d) during the last 15 years? HOSTLER; (e) have you been disqualified for employment by a medical officer of your last employer under the Railroad Retirement Act? No

10. Do you claim compensated service for any employer under the Railroad Retirement Act prior to January 1, 1937? YES If "Yes," have you filed with the Board a statement of such service on Form AA-15? YES

11(a). Give the following information to cover the last 18 months you worked for employers under the Railroad Retirement Act. (If more space is required, continue under "Remarks.")

	LAST EMPLOYER		NEXT TO LAST EMPLOYER
NAME OF EMPLOYER	BALTIMORE & OHIO RR Co	NAME OF EMPLOYER	
PAYROLL NAME	PAUL E. NIXON	PAYROLL NAME	
LAST OCCUPATION	HOSTLER	LAST OCCUPATION	
LAST DEPARTMENT	MOTIVE POWER	LAST DEPARTMENT	
LAST DIVISION OR LOCATION	CUMBERLAND	LAST DIVISION OR LOCATION	
WORKED FROM (DATE)	FEB. 1902	WORKED FROM (DATE)	
TO (DATE)	JAN. 1, 1947	TO (DATE)	

11(b). If you have stopped work for the purpose of receiving an annuity, give the last date on which you last worked for an employer under the Act JAN. 1, 1947 Because of illness

12. Do you still hold rights to return to the service of employer(s) under the Railroad Retirement Act? YES
If so, give the names of all such employer(s) BALTIMORE & OHIO RR Co

13. If you no longer hold such rights, give name of employer(s) under the Railroad Retirement Act with whom you last held rights SEE ITEM 12 ABOVE

Date you relinquished these rights: Month _____ Day _____ Year _____

14(a). Give the following information if you have performed any service for any person, company, or institution (other than an employer under the Railroad Retirement Act) (1) during the period of your last service for an employer under the Railroad Retirement Act (see item 11(a)), or (2) after such period. If "None," so state. (If more than 2, continue under "Remarks")

NAME	ADDRESS	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
NONE					

14(b). Do you still hold rights to return to the service of any person, company, or institution, not an employer under the Railroad Retirement Act? No

15. Have you signed Railroad Retirement Board Form G-88, Employee's Certificate of Termination of Service and Relinquishment of Rights, and forwarded it to your employing officer? YES If so, give date forwarded MAY 27, 1947 Name and location of employing officer MR. LONGWELL Supt. Back Shops (M.P.) B&O.RR Co. Cumberland, Md

16(a). Do you claim that service in the land or naval forces of the United States should be included in your service? NO If "Yes," give _____ (DATE OF ENTRY) _____ (PLACE OF ENTRY)

_____ (BRANCH OF SERVICE) _____ (MILITARY ORGANIZATION OR VESSEL) _____ (SERIAL NUMBER - IF NONE, GIVE RANK)

_____ (PLACE OF DISCHARGE) _____ (DATE OF DISCHARGE)

16(b). Are you receiving or have you applied for pension, disability compensation or other gratuitous benefits by reason of this service? NO If so, give your Veterans Administration "C" number _____ If you do not have a Veterans Administration "C" number, state the nature of any benefits you are receiving or have applied for _____

17. *(ANSWER THIS QUESTION ONLY IF YOU ARE APPLYING FOR A DISABILITY ANNUITY.)* If you are granted a disability annuity *AND* if you continue to receive such annuity until you reach age 65, do you authorize the Railroad Retirement Board to relinquish for you, effective at age 65, any rights that you may then hold with employers under the Act and with the person, company, or institution (if any) by whom you were *LAST* employed prior to the date your annuity begins? YES

18. Are you applying for an annuity to begin on the earliest date permitted by law? YES If you wish a later date give: Month _____ Day ____ Year ____ (THE EARLIEST BEGINNING DATE PERMITTED BY LAW IS ORDINARILY THE DAY FOLLOWING THE LAST DAY OF COMPENSATED SERVICE BUT NOT MORE THAN 2 MONTHS PRIOR TO THE FILING DATE OF THE APPLICATION.)

REMARKS: (IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE SHEET.)

NOTE: Signature made by mark (X) must be witnessed by two persons to whom the applicant is known, giving their place of residence in full.

(NAME)

(ADDRESS)

(NAME)

(ADDRESS)

19. Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

Paul E Wilson
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

23 - GRAND AVE
(STREET AND NUMBER)

CUMBERLAND Maryland.
(CITY) (ZONE NUMBER) (STATE)

RECEIVED JUN 2 1947 Railroad Retirement Board Bureau of Accounts Section

PENALTIES: ....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

MAY 27 194

FORM NO. G-230 (2-7)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

CHECK LIST COVERING APPLICATION FOR ANNUITY AND RELATED DOCUMENTS

CLAIM NUMBER:

SOCIAL SECURITY ACCOUNT NUMBER: 705-12-2357

NAME: NIXON, (PAUL EUGENE)

ADDRESS: 23-GRAND AVE., CUMBERLAND, MD

DATE OF BIRTH: MARCH 12, 1888

APPLICATION RECEIVED
- PERSONALLY FROM APPLICANT ☑
- VIA MAIL FROM APPLICANT ☐
- FROM EMPLOYER (CARRIER-FILED) ☐

DATE: 5/27/47

FIELD OFFICE: BALTIMORE, Md

PREPARED BY: Samuel D. Gill Field Rep. N

DATE: 5/27/47

HAS FORM G-88a BEEN FORWARDED TO LAST EMPLOYER(S)?
YES ☑ INITIALS OF EMPLOYER(S): B. O. RR Co DATE: 5/27/47 NO ☐

REMARKS

SECTION A: FORMS AND DOCUMENTS REQUIRED FROM APPLICANTS

TYPE OF FORM OR DOCUMENT	FIELD OFFICE ONLY: NOT REQUIRED	ATTACHED	PREVIOUSLY SUBMITTED	DATE TO BE SUBMITTED	HEADQUARTERS OFFICE ONLY: TO BE REQUESTED	INSTRUCTIONS TO TYPISTS
1. PREVIOUS FORM AA-1			O			6-4-7
2. PROOF-DATE OF BIRTH			✓		✓	RL-124
3. FORM AA-15			✓			JK
4. G-108	O					
5. OE-4	O					
6. RP-4-37	O					
7. G-157	O					
8. C-30		✓				
9. G-88 Copy		✓				
10. S.F. 1099		✓				
11.						
12.						
13.						
14.						
15.						

SECTION B: FORMS TO BE RELEASED TO EMPLOYERS AND TO OTHER UNITS

FOR USE BY HEADQUARTERS OFFICE ONLY

FORM	TO BE RELEASED
1. G-73	✓ NEW
2. G-88a	
3. G-655	
4. RL-1	
5. RL-13a	
6. C-50	✓
7. AA-2P	
8. OE-5	
9. G-215	

INSTRUCTIONS TO TYPISTS:

BALTIMORE & OHIO RR
LOW 1-1-47

EXAMINER: JK

DATE: JUN 4 1947

FORM APPROVED
BUDGET BUREAU NO. 70-R052

FORM NO. G-164
(2-4)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

REPORT OF PHYSICAL EXAMINATION

RAILROAD RETIREMENT BOARD NUMBER

SOCIAL SECURITY ACCOUNT NUMBER 705-12-2359

1. NAME: Paul Eugene Nixon

ADDRESS: 23 Grand Avenue, Cumberland, Maryland

NOTE: IF THIS REPORT IS COMPILED FROM RECORDS AND THE APPLICANT IS NOT PRESENT, SO STATE HERE. IF RECORDS DO NOT CONTAIN ALL THE DATA CALLED FOR IN THIS FORM, FORWARD AS COMPLETE A REPORT AS MAY BE POSSIBLE.

2. AGE	RACE	HEIGHT	WEIGHT	SEX	TEMPERATURE	HIGHEST WEIGHT WITHIN PAST YEAR
59	white	5 ft 11 in	160	Male	Normal	same

3. HISTORY OF ORIGIN AND DATE OF ONSET OF EACH DISABILITY (APPLICANT'S STATEMENT)

Unable to work since January 18th, 1947.

4. INDUSTRIAL HISTORY SINCE LAST CARRIER SERVICE

Continuous carrier service.

5. PRESENT COMPLAINTS (SUBJECTIVE)

General weakness and nervousness.

DATE May 28, 1947 APPLICANT'S SIGNATURE Paul E Nixon

6. GENERAL APPEARANCE	NUTRITION	MUSCULAR DEVELOPMENT
Normal	Normal	Normal
CARRIAGE	POSTURE	GAIT
Normal	Normal	Slow and unsteady.

7. EYES

CONDITION OF LIDS, MUSCULAR IMBALANCE, EXTERNAL DISEASES OF THE EYE, OPTHALMOSCOPIC FINDINGS, AND VISUAL FIELDS, IF AVAILABLE.

Normal.

VISION	
RIGHT (UNCORRECTED)	20/ 8/50
LEFT (UNCORRECTED)	20/ 50
RIGHT (CORRECTED)	20/ 20
LEFT (CORRECTED)	20/ 40

8. **EARS**

NORMAL? YES [X] NO [ ]

ORDINARY CONVERSATION HEARD

RIGHT 20 /20 LEFT 20 /20

IF MECHANICAL DEVICE IS USED BY APPLICANT, REPORT DISTANCE AT WHICH ORDINARY CONVERSATION IS HEARD WITH DEVICE

RIGHT /20 LEFT /20

IF ORDINARY CONVERSATION IS NOT HEARD AND NO DEVICE USED IS BONE CONDUCTION

PRESENT [ ] ABSENT [ ]

IF PRESENT, GIVE DURATION IN SECONDS AS DETERMINED BY TUNING FORK PLACED ON MASTOID BONE

RIGHT EAR SECONDS LEFT EAR SECONDS

9. **NOSE, THROAT, SINUSES**

NORMAL? YES [X] NO [ ] IF "NO", RECORD FINDINGS HERE

10. **CARDIOVASCULAR SYSTEM**

NORMAL? YES [ ] NO [X] IF "NO", RECORD SIZE IN DETAIL, POSITION, RHYTHM, CHARACTER OF SOUNDS ON AUSCULTATION, MURMURS, AND, IF PRESENT, WHERE TRANSMITTED AND WHETHER ACCENTUATED BY EXERCISE, PULSATION OF ARTERIES (NECK, ETC.), RESULTS OF ANY X-RAY AND ELECTROCARDIOGRAPHIC FINDINGS, IF ANY

Heart normal in size. Faint systolic mitral murmur, transmitted to left axilla.

TIME	RESPIRATORY RATE (STANDING)	PULSE RATE (STANDING)	BLOOD PRESSURE	
			SYSTOLIC	DIASTOLIC
BEFORE EXERCISE	18	96	132	64
IMMEDIATELY AFTER EXERCISE (UNLESS CONTRAINDICATED)	24	110	138	68
THREE MINUTES AFTER EXERCISE	24	100	128	60

ANY OBJECTIVE SIGNS OF DECOMPENSATION (EDEMA, CYANOSIS, ETC.)? YES [ ] NO [X] IF "YES", DESCRIBE

ANY PULSE DEFICIT? YES [ ] NO [X]

STATE TYPE OF EXERCISE TEST GIVEN, OR IF CONTRAINDICATED, STATE REASON

Walked briskly across 20 foot room 4 times.

ANY ARRHYTHMIA OF PULSE? YES [ ] NO [X] IF "YES", DESCRIBE AS TO CHARACTER AND FREQUENCY (TAKEN THREE MINUTES AFTER EXERCISE).

11. **PERIPHERAL ARTERIES**

NORMAL? YES [ ] NO [X] IF "NO", RECORD EVIDENCE OF ARTERIOSCLEROSIS AND ARTERIAL DISTURBANCES OF THE EXTREMITIES IN TERMS OF COMPRESSIBILITY, BEADING, BLANCHING AND TROPHIC DISTURBANCES

Moderate degree of arteriosclerosis brachial and radial arteries.

12. RESPIRATORY SYSTEM

NORMAL? YES [X] NO [ ] IF "NO", RECORD DETAILED OBJECTIVE FINDINGS ELICITED BY INSPECTION, PALPATION, PERCUSSION AND AUSCULTATION: ALSO RESULTS OF SPUTUM EXAMINATION AND X-RAY FINDINGS, IF AVAILABLE

13. DIGESTIVE SYSTEM

	NORMAL YES	NORMAL NO	IF "NO", RECORD FINDINGS HERE
MOUTH	X		
TEETH		X	Wears upper and lower plate. All teeth extracted.
GUMS	X		
STOMACH	X		
INTESTINES	X		
LIVER	X		
GALL BLADDER	X		
RECTUM	X		

HERNIA

LOCATION	SIZE	TYPE	RETAINED BY TRUSS OR BELT?
None.			

OPERABLE? YES [ ] NO [ ] IF INOPERABLE, STATE REASON WHY

14. GENITO-URINARY SYSTEM

	NORMAL YES	NORMAL NO	IF "NO", RECORD FINDINGS HERE
KIDNEYS	X		
BLADDER	X		
PROSTATE	X		
PENIS	X		
TESTICLES	X		

15. BONE, JOINT, AND SKELETAL SYSTEM

ANY ABNORMAL ORTHOPEDIC CONDITIONS? YES [ ] NO [X] IF "YES", RECORD OBJECTIVE EVIDENCE OF ACTIVE INFLAMMATION, EDEMA, DEFORMITY, ANKYLOSIS, AND CREPITUS; ALSO X-RAY FINDINGS, IF AVAILABLE

DESCRIBE THE LIMITATION OF MOTION (IN TERMS OF DEGREES, i.e. 10°, 20°, ETC.) IN EACH AFFECTED JOINT

16. VARICOSE VEINS? YES [ ] NO [X] SIZE AND LOCATION

SACCULATED? YES [ ] NO [ ] ELASTIC STOCKING WORN? YES [ ] NO [ ] SCARS? YES [X] NO [ ] ULCERS? YES [ ] NO [ ]

17. **NERVOUS SYSTEM**

NORMAL? YES [ ] NO [X] IF "NO", RECORD *POSITIVE* OBJECTIVE FINDINGS IN ORDER OF IMPORTANCE, SUCH AS, FINDINGS REFERABLE TO FACIES, PRESENCE OR ABSENCE OF ALL SUPERFICIAL AND DEEP REFLEXES, DESCRIPTION OF CONVULSIVE DISORDERS AND TICS, ROMBERG AND BABINSKI, AND ANY ENDOCRINOPATHIES

Patella reflexes absent. Pupils irregular and inactive to light.
Suggestive Romberg.

18. **MENTALITY**

NORMAL? YES [X] NO [ ] IF "NO", IS MENTAL ABERRATION ON *ORGANIC* OR *FUNCTIONAL* BASIS? _____

IF THERE IS A HISTORY OF SEIZURES, STATE CHARACTER AND FREQUENCY OF ATTACKS _____

IS HE MENTALLY CAPABLE OF REALIZING THE IMPORT OF HIS ACTS, SUCH AS, SIGNING AN APPLICATION FOR AN ANNUITY AND THE ENDORSEMENT OF PERSONAL CHECKS? YES [X] NO [ ] RECORD EMOTIONAL REACTIONS, CONDUCT DISTURBANCES, ORIENTATION, INSIGHT, JUDGMENT, HALLUCINATIONS, DELUSIONS, MEMORY FOR RECENT AND REMOTE EVENTS, AND EVIDENCE OF MENTAL DETERIORATION.

19. **LABORATORY EXAMINATIONS**

RESULT OF URINALYSIS	
SUGAR	Neg
ALBUMIN	Neg
CASTS	-
PUS	-
BLOOD	-
OTHER (SPECIFY)	-

RECORD HISTORY, DATE, AND RESULT OF BLOOD AND SPINAL FLUID, SPUTUM, X-RAYS, BLOOD COUNT, HB., OR OTHER TESTS WHICH MAY HAVE BEEN PREVIOUSLY MADE

20. REMARKS: (THIS SPACE TO BE USED FOR FURTHER DETAILS OF MEDICAL OR INDUSTRIAL HISTORY OR ADDITIONAL DESCRIPTION OF DISABILITIES IF THE SPACE IN THE FOREGOING PAGES WAS NOT SUFFICIENT. IF THE PERSON BEING EXAMINED IS A FEMALE, RECORD ANY ABNORMALITIES NOT COVERED ABOVE.)

Has been under treatment of Dr. C E Durrett, of Cumberland, Maryland and was confined to Memorial Hospital, Cumberland, Md., from February 17, 1947 to May 5, 1947, during which time he was given malaria treatment and was very bad mentally. His mental condition has greatly improved.

21. DIAGNOSES: (PLEASE LIST IN ORDER OF IMPORTANCE)

Cerebro-spinal syphilis.
Mitral insufficiency.
Moderate degree of arterio sclerosis.

RECEIVED
JUN 6 1947
Railroad Retirement Board
Communications Section

NAME OF EXAMINER (PRINT) William B. Baker, M. D.	WAS THIS EXAMINATION AUTHORIZED BY THE RAILROAD COMPANY OR RAILROAD RETIREMENT BOARD? Railroad Company
PLACE OF EXAMINATION Cumberland, Maryland	OFFICE ADDRESS 201 Park Street, Cumberland, Maryland.
DID YOU EXAMINE APPLICANT YOURSELF? YES [X] NO [ ] — DATE OF THIS EXAMINATION May 28, 1947.	SIGNATURE OF EXAMINER William B. Baker MD

FORM APPROVED
BUDGET BUREAU NO. 70-R052

FORM NO. G-164
(2-4)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

REPORT OF PHYSICAL EXAMINATION

RAILROAD RETIREMENT BOARD NUMBER: ~~765-12-~~ 333473

SOCIAL SECURITY ACCOUNT NUMBER: 705-12-2359

1. NAME: Paul Eugene Nixon

ADDRESS: 23 Grand Avenue, Cumberland, Maryland

NOTE: IF THIS REPORT IS COMPILED FROM RECORDS AND THE APPLICANT IS NOT PRESENT, SO STATE HERE. IF RECORDS DO NOT CONTAIN ALL THE DATA CALLED FOR IN THIS FORM, FORWARD AS COMPLETE A REPORT AS MAY BE POSSIBLE.

2. AGE	RACE	HEIGHT	WEIGHT	SEX	TEMPERATURE	HIGHEST WEIGHT WITHIN PAST YEAR
59	White	5 ft 11 in.	160	Male	Normal	Same

3. HISTORY OF ORIGIN AND DATE OF ONSET OF EACH DISABILITY (APPLICANT'S STATEMENT)

Unable to work since January 18th, 1947.

copy

4. INDUSTRIAL HISTORY SINCE LAST CARRIER SERVICE

Continuous carrier service.

5. PRESENT COMPLAINTS (SUBJECTIVE)

General weakness and nervousness.

DATE 5-28-47 APPLICANT'S SIGNATURE Paul E Nixon

6. GENERAL APPEARANCE	NUTRITION	MUSCULAR DEVELOPMENT
Normal	Normal	Normal
CARRIAGE	POSTURE	GAIT
Normal	Normal	Slow and Unsteady.

7. EYES

CONDITION OF LIDS, MUSCULAR IMBALANCE, EXTERNAL DISEASES OF THE EYE, OPTHALMOSCOPIC FINDINGS, AND VISUAL FIELDS, IF AVAILABLE.

Normal

VISION	
RIGHT (UNCORRECTED)	20/ 8/50
LEFT (UNCORRECTED)	20/50
RIGHT (CORRECTED)	20/20
LEFT (CORRECTED)	20/40

8. **EARS**

NORMAL? YES [X] NO [ ]

ORDINARY CONVERSATION HEARD
RIGHT 20/20 LEFT 20/20

IF ORDINARY CONVERSATION IS NOT HEARD AND NO DEVICE USED IS BONE CONDUCTION
PRESENT [ ] ABSENT [ ]

IF MECHANICAL DEVICE IS USED BY APPLICANT, REPORT DISTANCE AT WHICH ORDINARY CONVERSATION IS HEARD WITH DEVICE
RIGHT /20 LEFT /20

IF PRESENT, GIVE DURATION IN SECONDS AS DETERMINED BY TUNING FORK PLACED ON MASTOID BONE
RIGHT EAR SECONDS LEFT EAR SECONDS

9. **NOSE, THROAT, SINUSES**

NORMAL? YES [X] NO [ ] IF "NO", RECORD FINDINGS HERE

~~Heart normal in size. Faint systolic mitral murmur, transmitted to left axilla.~~

10. **CARDIOVASCULAR SYSTEM**

NORMAL? YES [ ] NO [X] IF "NO", RECORD SIZE IN DETAIL, POSITION, RHYTHM, CHARACTER OF SOUNDS ON AUSCULTATION, MURMURS, AND, IF PRESENT, WHERE TRANSMITTED AND WHETHER ACCENTUATED BY EXERCISE, PULSATION OF ARTERIES (NECK, ETC.), RESULTS OF ANY X-RAY AND ELECTROCARDIOGRAPHIC FINDINGS, IF ANY

Heart normal in size. Faint systolic mitral murmur, transmitted to left axilla.

TIME	RESPIRATORY RATE (STANDING)	PULSE RATE (STANDING)	BLOOD PRESSURE	
			SYSTOLIC	DIASTOLIC
BEFORE EXERCISE	18	96	132	64
IMMEDIATELY AFTER EXERCISE (UNLESS CONTRAINDICATED)	24	110	138	68
THREE MINUTES AFTER EXERCISE	24	106	128	60

ANY OBJECTIVE SIGNS OF DECOMPENSATION (EDEMA, CYANOSIS, ETC.)? YES [ ] NO [X] IF "YES", DESCRIBE

ANY PULSE DEFICIT? YES [ ] NO [X]

STATE TYPE OF EXERCISE TEST GIVEN, OR IF CONTRAINDICATED, STATE REASON
Walked briskly across 20 foot room 4 times.

ANY ARRHYTHMIA OF PULSE? YES [ ] NO [X] IF "YES", DESCRIBE AS TO CHARACTER AND FREQUENCY (TAKEN THREE MINUTES AFTER EXERCISE).

11. **PERIPHERAL ARTERIES**

NORMAL? YES [ ] NO [X] IF "NO", RECORD EVIDENCE OF ARTERIOSCLEROSIS AND ARTERIAL DISTURBANCES OF THE EXTREMITIES IN TERMS OF COMPRESSIBILITY, BEADING, BLANCHING AND TROPHIC DISTURBANCES

Moderate degree of arteriosclerosis brachial and radial arteries.

12. RESPIRATORY SYSTEM

NORMAL? YES [X] NO [ ] IF "NO", RECORD DETAILED OBJECTIVE FINDINGS ELICITED BY INSPECTION, PALPATION, PERCUSSION AND AUSCULTATION: ALSO RESULTS OF SPUTUM EXAMINATION AND X-RAY FINDINGS, IF AVAILABLE

13. DIGESTIVE SYSTEM

	NORMAL		IF "NO", RECORD FINDINGS HERE
	YES	NO	
MOUTH	X		
TEETH		X	Wears upper and lower plate. All teeth extracted.
GUMS	X		
STOMACH	X		
INTESTINES	X		
LIVER	X		
GALL BLADDER	X		
RECTUM	X		

HERNIA

LOCATION	SIZE	TYPE	RETAINED BY TRUSS OR BELT?
None			

OPERABLE? YES [ ] NO [ ] IF INOPERABLE, STATE REASON WHY

14. GENITO-URINARY SYSTEM

	NORMAL		IF "NO", RECORD FINDINGS HERE
	YES	NO	
KIDNEYS	X		
BLADDER	X		
PROSTATE	X		
PENIS	X		
TESTICLES	X		

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RECEIVED JUL 31 1947 Railroad Retirement Board Compensation Section

20. REMARKS: (THIS SPACE TO BE USED FOR FURTHER DETAILS OF MEDICAL OR INDUSTRIAL HISTORY OR ADDITIONAL DESCRIPTION OF DISABILITIES IF THE SPACE IN THE FOREGOING PAGES WAS NOT SUFFICIENT. IF THE PERSON BEING EXAMINED IS A FEMALE, RECORD ANY ABNORMALITIES NOT COVERED ABOVE.)

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Mitral insufficiency.
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NAME OF EXAMINER (PRINT) W.B.Baker, M. D.	WAS THIS EXAMINATION AUTHORIZED BY THE RAILROAD COMPANY OR RAILROAD RETIREMENT BOARD? Railroad Company
PLACE OF EXAMINATION Cumberland, Maryland	OFFICE ADDRESS 201 Park Street, Cumberland, Maryland.
DID YOU EXAMINE APPLICANT YOURSELF? YES [X] NO [ ] — DATE OF THIS EXAMINATION May 28k 1947.	SIGNATURE OF EXAMINER William B. Baker MD

FORM NO. G-325
(3-6)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

RATING BOARD DECISION SHEET

DATE 8-6-47

CLAIM NO. A-333473

NAME PAUL EUGENE NIXON

OCCUPATION Joseph Mather CC

AGE	DATE CLAIM FILED	YEARS OF SERVICE	ICC NUMBER	DATE LAST EMPLOYED
59	5-27-47	30	109	1-17-47

THE FOLLOWING EXAMINATIONS ARE AUTHORIZED:

PROOF OF DISABILITY ON WHICH THIS DECISION IS BASED
EVIDENCE BY:

CARRIER SURGEONS	5-28-47				
VETERANS ADMINISTRATION					
DESIGNATED EXAMINERS					
PRIVATE PHYSICIANS					
STATE OR OTHER HOSPITALS					
LAYMEN					

DIAGNOSES: Cerebrospinal syphilis 9441
Arteriosclerosis

DECISION:

[illegible] for work in regular occupation.
Section 2(a), 4 From: 3-27-47

REASON FOR DECISION: S. Decker, M.D.

PROOF OF CONTINUANCE OF PERMANENT DISABILITY, PURSUANT TO SECTION 2(a) 3, ACT OF 1937, IS (NOT) TO BE SECURED ON

DISABILITY RATING BOARD APPROVAL

MEDICAL		LEGAL

HE BALTIMORE AND OHIO RAILROAD COMPANY

RELIEF DEPARTMENT

BALTIMORE, 1, MD.

6-4 BC

FULLER NANCE, M. D.
MEDICAL AND SURGICAL DIRECTOR
S. M. ENGLISH, M. D.
ASST TO MEDICAL AND SURGICAL DIRECTOR

IT

REFER TO FILE NO. Cf. No. 199426

a-333473

June 2nd, 1947.

DB

. Callender,
f Retirement Claims,
etirement Board,
treet,
, Ills.

Application for disability annuity has been filed
ailroad Retirement Board by Mr. Paul E. Nixon, formerly
y the Baltimore and Ohio Railroad Company as Hostler,
Division at Cumberland, Md., Social Security No.705-12-2359,
ng that you will desire record of his present physical condi-
as examined on May 28th, 1947 by Dr. William B. Baker, Medi-
er at Cumberland, Md., whose report is contained in the at-
ims Service Form G-164.

Very truly yours,

Fuller Nance

Medical & Surgical Director.

RRB FORM NO. G-660
(1-7)

CLAIM SUMMARY RECORD

SOURCE	CODE (7)	✓
DIRECT FROM APPLICANT	0	
THROUGH FIELD OFFICE	(1)	✓
CARRIER SPECIAL	2	

CLAIM NO. (1-6) A333473

S.S.A. NO. 705-12-2357

SECTION 1 TYPE AND ASSIGNMENT

0 - ANNUITY "A" CLAIM
1 - ANNUITY "B" CLAIM
2 - EMPLOYEE DEATH CLAIM
3 - APPLICANT DEATH CLAIM
4 - ANNUITANT DEATH CLAIM
5 - PENSIONER DEATH CLAIM

SECTION 2 CLASS

0 - ACTIVE-NEW APPLICATION
1 - ACTIVE FROM INACTIVE
2 - ACTIVE-REOPENED OR DECISION WITHDRAWN
3 - INACTIVE-NEW APPLICATION

SECTION 3 DISPOSITION

0 - FINAL CERT.
1 - DENIED
2 - ABANDONED
3 - NO CLAIM-DEATH
4 - NOT CERTIFIED
5-PARTIAL CERT.
6-INACT. FROM ACT.
7-ANN. "A" TO "B"
8-ANN. "A" TO APP. DEATH
9-ANN. "B" TO APP. DEATH

CODE (8)	DATE (9-12)	EXAMINER	✓	CODE (13)	DATE (14-17)	EXAMINER	✓	CODE (18)	DATE (19-22)	EXAMINER	✓
1	6-4-7	JK	✓	0	6-4-7	JK	✓	4	6-4-7	JK	✓
								0	AUG 21 1947	MJ	✓

SECTION 4 ACTIONS PENDED AND COMPLETED

ITEM	1-PUNCH COLUMN	DATE COLUMNS
0 - GENERAL COUNSEL	29	30-33
1 - FIELD INVESTIGATIONS	34	35-38
2 - EMPLOYMENT RELATION	39	40-43
3 - DISABILITY RATING	44	45-48
4 - APPLICANT DATA	49	50-53
5 - EMPLOYER DATA	54	55-58
6 - OTHER GOVERNMENT AGENCIES	59	60-63
7 - OTHERS	64	65-68

SECTION 5 TICKLER DATES

0 - PROOF OF CONTINUANCE OF DISABILITY
1 - OBTAIN RELINQUISHMENT OF RIGHTS AT AGE 65
2 - DATE OF PROBABLE ELIGIBILITY
3 - DEFERRED BECAUSE OF WAR
4 - DORMANT CLAIMS
5 - TIME LOST
6 - FOR CLOSING

REOPENED UNDER B.O. — DATE _____ SIGNATURE _____

INITIAL DECISION AFFIRMED — DATE _____ SIGNATURE _____

CODE	DATE INITIATED	EXAMINER	✓	DATE COMPLETED	EXAMINER	✓	CODE (23)	CALL-UP DATE (24-28)	EXAMINER	✓	DATE COMPLETED	EXAMIN
7	6-4-7	JK	✓	8-4-7	[illegible]	✓	1	2-11-53	[illegible]	✓		
5	7-23-7	[illegible]	✓	8-11-7	[illegible]	✓	0	9-23-47	[illegible]	✓		

SECTION 6 CLAIM SUMMARY

PAYEE MR. - MRS. - MISS

ADDRESS

NAMES AND ADDRESSES OF OTHERS TO BE NOTIFIED

ITEM	DATE
APPLICATION FILED	
LAST SERVICE-E	
LAST SERVICE-O	
RIGHTS RELINQ-E	
ANNUITY BEGINS	
APPLICANT'S BIRTH	
APPLICANT DIED	
SPOUSE'S BIRTH	
J & S ELECTION	
SF-1099	
SECTION OF ACT	
TOTAL MOS. SERVICE VERIFIED	

6-4 SA DMK.

51

C-50
(1-1)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

JUN 5 1947

BUREAU OF RETIREMENT CLAIMS

Mr. W.M. Kennedy, Superintendent
Relief Department
Baltimore & Ohio Railroad Company
Baltimore & Charles Streets
Baltimore 1, Maryland

In reply refer to
Claim No. A - 333473

Dear Sir:

An application for a disability annuity has been filed by Paul Eugene Nixon formerly employed by the Baltimore & Ohio Railroad Company as a hostler at Cumberland, Maryland.
His last day of compensated carrier service is shown as January 1, 1947.

In order that an equitable determination may be made as to whether the applicant is entitled to a disability annuity, it is essential that a complete and adequate report of his physical condition be obtained.

Accordingly, it will be appreciated if you will return the enclosed Form No. G-164 properly completed. Also enclosed is authorization for this information.

Your cooperation in this matter will expedite the adjudication of this claim.

Yours very truly,

John W. Callender

John W. Callender
Director of Retirement Claims

Enclosures:
Form G-164
Form C-30

Mr. John W. Callender:
This applicant was examined by Dr. William B. Baker, Medical Examiner at Cumberland, Md., on May 28th, and form G-164 was forwarded to you with my letter of June 2nd.

Fuller Nance.

6/9/47

Search made 7/18 [illegible]